

# EXHIBIT 4

# **Tennessee Eligibility Determination System (TEDS) Project**

## **Notice Control Document – Renewal Packet**

**June 18, 2023**

**Version 1.30**

## Document Control Information

### Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
v0.1	04/10/2017	Baseline version	Elizabeth Dubret Hill
v0.2	04/18/2017	Updated in Design Session	Elizabeth Dubret Hill
v0.3	04/19/2017	Changed for new Formatting	Elizabeth Dubret Hill
v0.4	04/19/2017	Updated in Design Session	Elizabeth Dubret Hill
v0.5	04/25/2017	Recovery In Progress – Accepted Changes from Design Session; Updated Description, Recipients, Notes, and COE	Elizabeth Dubret Hill
v0.6	05/05/2017	Returned to Contingency Design Session	Thomas Barry
v0.7	05/10/2017	Recovery In Progress – Accepted Changes from Design Session	Elizabeth Dubret Hill
v0.8	06/23/2017	Ready for PMO Review – Merged LTSS and non-LTSS Renewal Packets; Language approved on 6/23/17	Elizabeth Dubret Hill
v1.0	07/07/2017	PMO review complete	Lauren Hill
v1.1	08/10/2017	Spanish Translation Added on 7/10/17 WK1-0346 – Added specific notice ID to each Notice Control Document. WK1-0350 – Removed “Document comments... the Notices group” from Notice Template explanation. WK2-0747 – Confirmed example is representative of the notice. WK3-0985 – Removed references to Appendix C. WK3-0988 – updated language. WK3-0989 – updated the punctuation. WK3-0995 – Fixed split of hyphenated words over two lines. WK3-0996 – Bolded “<Case Number>” WK3-0999 – Fixed spacing. WK3-1000 – Fixed bolding of numbering. WK3-1001 – Fixed numbering, so there are no repeats. WK3-1002 – Added “Suffix” to Auth Rep Name section	Thomas Barry

Version	Date	Additions/Modifications	Prepared/Revised by
		<p>WK3-1004 – Fixed footer where missing.</p> <p>WK3-0993 – Changed font on #10.</p> <p>WK3-0929 – Updated header &amp; footer per design comment.</p> <p>Added header and footer variables to Notice Details Table.</p> <p>WK3-0866 – Recipient address block updated to upper case Times New Roman 10 pt. font per Standards.</p> <p>WK3-0814 – Removed “www.” From all notice control documents.</p> <p>WK3-0990 – Updated spacing throughout the design document.</p> <p>WK4-1024 – change made.</p> <p>WK4-1025 – change made.</p> <p>WK4-1028 – change made.</p> <p>WK4-1029 – change made.</p> <p>WK4-1030 – change made.</p> <p>WK4-1031 – change made.</p> <p>WK4-1032 – change made.</p> <p>WK4-0883 – comma added.</p> <p>WK4-0923, WK4-0924, WK4-0925, WK4-0926, WK4-0927, WK4-0928, WK4-0929, WK4-0930, WK4-0931, WK4-0932, WK4-0933, WK4-0934, WK4-0935, WK4-0936, WK4-0937, WK4-0939, WK4-0940, WK4-0941, WK4-0942, WK4-0882 – changes made. WK4-0938 – changed question 10 and 13 for LTSS Grouping.; WK5-0014 – updated for Office of Inspector General; WK5-0033 – removed first paragraph of notes section.</p> <p>WK5-0034: updated language</p>	
v1.2	8/25/17	Updated the signature page per Angela Turner	Elizabeth Dubret Hill
v1.2	8/29/2017	Document formally approved by TennCare on 8/29/2017 with the approval of DEL-26 Functional Design Document	Alison Gallun
V1.3	10/03/2017	<p>TEDS-14753:</p> <p>1. Add period to page 8 always trigger.</p>	Lolly Kruse

Version	Date	Additions/Modifications	Prepared/Revised by
		2. Update to say X of Y page numbers throughout 3. Un-bold all question numbers 4. Resource Information exists should be single spaced and start with #1 5. Delete extra semi colons after missing race. 6. Bold the comma after the word "or" on page 2. 7. Change the resource information section to be single spaced. 8. Remove the space between the "Always" and the trigger line in the resource information section. 9. Move the Yes and No checkboxes to a new line for LTSS Question  TEDS-14760: 1. Add a bullet for the "If I think that cooperating"... line 2. Corrected the typo in "if you are not registered to vote" 3. Made the HIPPA link a variable and updated the table to have the correct link.	
V1.3	10/06/2017	Document included in Change Request submission for September 2017	Alison Gallun
V1.3	10/10/2017	TEDS-14831: Remove repeated language in the health coverage through a job question: "Check yes if coverage is offered but you are not you are not enrolled"	Lolly Kruse
V1.3	11/1/2017	TEDS-15873: Made the Voter registration url a variable	Lolly Kruse
V1.3	10/13/2017	Document approved with the Approval of September 2017 Change Request submission	Sakshi Bhatnagar
V1.4	11/13/2017	TEDS-17034: Updated Spanish Translation	Elizabeth Hill
V1.4	11/20/2017	TEDS-16968: Add details for Due Date Variable TEDS-17021: Change the variable name from HIPPA Link to HIPPA URL TEDS-14822: Remove the periods from U.S.	Lolly Kruse

Version	Date	Additions/Modifications	Prepared/Revised by
		TEDS-18961: Fix Unearned Income exists trigger documentation TEDS-18968: Update Spanish formatting	
V1.4	1/5/2018	Document included in Change Request submission for December 2017	Sakshi Bhatnagar
V1.4	2/21/2018	Document approved with the Approval of December 2017 Change Request submission	Sakshi Bhatnagar
V1.5	1/24/2018	TEDS-20591: Moved the page number to be bold size 12 in line with the dev date in the footer.	Lolly Kruse
V1.5	2/2/2018	Document included in Change Request submission for January 2018	Sakshi Bhatnagar
V1.5	2/21/2018	Document approved with the Approval of January 2018 Change Request submission	Sakshi Bhatnagar
V1.6	04/17/2018	Updated per TEDS-26874 – 1. Change the letter ID on the top left page to Arial 12 Bold 2. Update the English spacing to match Spanish for the Alien or I-94 Number. 3. Bold 'ethnicity' like the rest of the sentence 'If Hispanic/Latino, check the box to tell us your ethnicity' 4. Change 3 sections on the Spanish version to be arial to match English 5. *Adjust the Spanish to break one bullet into two to match English	Elizabeth Hill
V1.6	5/4/2018	Document included in Change Request submission for April 2018	Shea Roberson
V1.6	5/10/2018	Document approved with the Approval of April 2018 Change Request submission	Shea Roberson
V1.7	6/14/2018	TEDS-28006: Replaced references of Tennessee Health Connection with TennCare Connect, and remove 'the' TEDS – 39455: Added triggering logic for RMB and RMC Member portal functionality.	Ajay Reddy
V1.7	6/14/2018	Document submitted for June 29, 2018 submission	Ajay Reddy

<b>Version</b>	<b>Date</b>	<b>Additions/Modifications</b>	<b>Prepared/Revised by</b>
V1.7	7/11/2018	Document approved with the Approval of Change Request submission for June 29 <sup>th</sup> , 2018.	Shea Roberson
V1.8	8/24/2018	Document included in Change Request submission on August 24, 2018	Shea Roberson
V1.8	8/30/2018	Document approved with the Approval of Change Request submission of August 24, 2018.	Shea Roberson
V1.9	01/14/2019	Updated per TEDS 70222 for clarity of questions surrounding being a TN resident.	Nikhil Gaitonde
V1.9	01/25/2019	Document included in Change Request submission on 01/25/2019	
V1.9	4/25/2019	Document approved with approval of 1/25/2029 Change Request submission	
V1.10	8/8/19	TEDS-90666: Remove questions from the renewal packet around SSI, additionally add a question for the IM category	Lolly Kruse
V1.10	8/9/2019	Document included in Change Request submission for 8/9/2019	
V1.10	8/28/2019	Document approved with approval of 8/9/2018 Change Request submission	
V1.11	10/10/2019	Updated as per the requirements of CR TEDS-94779 (changes listed in Jira), for Release 7.0	Prakrutha Makonda
V1.11	11/1/2019	Document included in Change Request submission on 11/1/2019	
V1.11	12/13/2019	Document included in Change Request submission for 12/13/2019	
V1.12	2/7/2020	Document approved via the approval of Change Request submission on 12/13/2019	
V1.13	2/17/2020	Document included in Change Request submission for 2/21/2020	
V1.13	4/14/2020	Document approved with approval of 2/21/2020 ADR Submission	
V1.14	2/21/2020	Updated as per requirements for CR TEDS-49109 in Release 9.0 –	Prakrutha Makonda

Version	Date	Additions/Modifications	Prepared/Revised by
		Updated language in the Expense section. Updated "I understand if I'm eligible for other kinds of benefits like disability, unemployment income, or retirement income, I must apply for those programs if I want to keep coverage with TennCare." As part of CR TEDS-108126.	
V1.14	3/6/2020	Document included in Change Request submission for 3/6/2020	Melinda Bauman
V1.14	4/14/2020	Document approved with approval of 3/6/2020 ADR Submission	Madeline Fahey
V1.14	3/20/2020	Document resubmitted in Change Request submission for 3/20/2020 in relation to CR TEDS-49109	Melinda Bauman
V1.14	4/27/2020	Document approved with approval of 3/20/2020 ADR Submission	Madeline Fahey
V1.15	7/10/2020	Document included in 7/14/2020 ADR Submission	Briana Pastrano
V1.15	8/25/2020	Document approved with approval of 7/14/2020 ADR submission	
V1.16	9/21/2020	TEDS-121437 – In Release 12.0, the term "Hospital" should be revised to read as "medical facility (like a hospital)" in the section that begins with "Are you or anyone in your household in a medical institution now (like a hospital) and have been there at least 30 days?"	Prakrutha Makonda
V1.16	10/5/2020	Document included in the 10/5/2020 ADR Submission	Laura Lewis
V1.16	11/12/2020	Document approved in the approval of the 10/5/2020 ADR Submission	Laura Lewis
V1.17	11/9/2020	Document included in Change Request for Katie Beckett CR TN-16437	Moriah Viviano
V1.17	11/12/2020	Document included in ADR submission on 11/12/2020.	Laura Lewis



<b>Version</b>	<b>Date</b>	<b>Additions/Modifications</b>	<b>Prepared/Revised by</b>
V1.17	1/19/2021	Document approved in the approval of 11/12/2020 submission	Laura Lewis
V1.18	1/28/2021	Updated as per the requirements for CRs in Release 14.0 <b>1. TEDS-107828:</b> Does someone other than a parent (if you are under 18) or spouse [...] section has been added.	Prakrutha Makonda
V1.18	7/16/2021	Updated language for Retroactive Eligibility and ECF changes per Change Request TEDS-171399	Anushka Madhuvarshi
V1.18	7/19/2021	Document included in the 7/19/2021 ADR Submission	Laura Lewis
V1.18	8/2/2021	Document included in the 8/2/2021 ADR submission	Laura Lewis
V1.18	8/23/2021	Document approved in the approval of the 8/2/2021 ADR submission	Meghan Donahue
V1.19	8/5/2021	Capitalizing "Renewal Packet" in the footer	Anushka Madhuvarshi
V1.20	2/9/2022	TEDS-187492: Updated Notice Summary to include an exception through which this notice will be triggered for Adoption Assistance and Foster Care COEs for a limited time after the end of the Public Health Emergency	Anushka Madhuvarshi
V1.20	2/14/2022	Document included in the 2/14/2022 ADR submission	Meghan Donahue
V1.21	2/28/2022	Document included in the 2/28/2022 ADR submission	Meghan Donahue
V1.21	4/4/2022	Document approved with the approvals of the 2/14/2022 and the 2/28/2022 ADR submissions	Meghan Donahue
V1.22	4/8/2022	Updated the document based on requirements for CR TEDS-1033113 - Release 20.0 – <b>Version #: TN 401rp.6 – Revision Date: 6/12/2022</b> – Update language in the pregnancy question	Genevieve Collado
V1.22	4/11/2022	Document included in the 4/11/2022 ADR submission	Meghan Donahue
V1.22	5/25/2022	Document approved with the approval of the 4/11/2022 ADR submission	Meghan Donahue

<b>Version</b>	<b>Date</b>	<b>Additions/Modifications</b>	<b>Prepared/Revised by</b>
V1.23	4/8/2022	Updated the document based on requirements for CR TEDS-1038333 - Release 21.0 – Version #: TN 401rp.7 – Revision Date: 9/18/2022 – Update the Voter registration Language after the section: Mail or Fax completed Renewal Packet	Prakrutha Makonda
V1.23	7/5/2022	Document included in the 7/5/2022 ADR submission	Meghan Donahue
V1.24	9/30/2022	Updated the document based on requirements for CR TEDS-1052750 – Release 22.0 – Version #: TN 401rp.8 – Revision Date: 12/18/2022 – Updated the rights and responsibilities language	Prakrutha Makonda
V1.24	10/10/2022	Document included in the 10/10/2022 ADR Submission	Michael Cartwright
V1.25	11/29/2022	Revisions made for CR TEDS-1060365 submission R22.0. Version #: TN 401rp.9. Updated <Trigger Condition: Age 18-26>	Genevieve Collado
V1.26	12/15/2022	Updates for 23.0 for TEDS-1056454 for Question 3 and 4 for Missing Race and Missing Ethnicity. Version #: TN 401rp.9. Release Date: 3/19/23	Genevieve Collado
V1.26	12/19/2022	Document included in the 12/19/2022 ADR submission	Micha Cartwright
V1.27	1/5/2022	Updates for 23.0 for TEDS-1056454 for Question 3 and 4 for Missing Race and Missing Ethnicity for Spanish Documentation. In addition, updated the document based on requirements for CR TEDS-1057786. Added language and QR code. Version #: TN 401rp.9. Release Date: 3/19/23	Genevieve Collado
V1.27	1/16/2023	Document included in the 1/16/2023 ADR submission	Micha Cartwright
V1.29	3/7/2023	Updated the document based on requirements in Release 23.1 – Version # TN 401rp.10 – Revision	Maddie Mason

Version	Date	Additions/Modifications	Prepared/Revised by
		Date: 4/16/2023 - TEDS-1073476: Renewal Packet Sentence Update	
V1.30	3/20/2023	Updated the document based on requirements in Release 24.0 – Version # TN 401rp.11 – Revision Date: 6/18/2023  TEDS-1072028: Add Resources Information to Pre-Term and Renewal Notices  TEDS- 1063102 – CMS Request: Include Language around conditional questions on the Immigration Screen	Maddie Mason
V1.30	3/27/2023	Document included in the 3/27/2023 ADr submission	Micha Cartwright

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## 1. Notice Information

### 1.1 Notice Summary

<b>Notice ID</b>	TN 401rp
<b>Notice Name</b>	Renewal Packet
<b>Notice Type</b>	Form
<b>Description</b>	Renewal Packet sent to a case that was selected for renewal and could not be auto-renewed. This packet is pre-populated with information for the entire case.
<b>Recipient(s)</b>	Head of Household and Authorized Representative (if applicable)
<b>Category of Eligibility</b>	All COEs, except for SSI, EMS, Foster Care, and Adoption Assistance  Exception: For a limited time after the end of the Public Health Emergency, this notice will also be triggered for the Adoption Assistance and Foster Care COEs.
<b>Language(s)</b>	English/Spanish
<b>Other forms sent out with this notice</b>	This is the form attached with the Renewal Letter. Other forms attached with the renewal letter include Appendix A, and Appendix B.
<b>Attachments sent with this notice</b>	Other attachments sent with the Renewal Letter include Special Help and Foreign Language Assistance.
<b>Notes</b>	This form is sent as part of the Renewal Packet. The hierarchy is as follows. It's location is bolded: <ol style="list-style-type: none"><li>1. Renewal Letter ← <i>Parent Letter</i></li><li><b>2. Renewal Packet</b></li><li>3. Appendix A</li><li>4. Appendix B</li><li>5. Special Help</li><li>6. Foreign Language Assistance</li></ol>

### 1.2 Notice Triggering

<b>Manual Trigger?</b>	No
<b>Automatic Trigger?</b>	Yes

<b>Business Trigger(s)</b>	This form will be triggered anytime a Renewal Letter is triggered.
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### 1.3 Business Triggers

Category	Component	Field	Condition	Comment
Renewal Packet	N/A	N/A	N/A	After the Renewal Letter is generated, this form will be generated and attached directly after the letter
Missing Relationship	Individual Information – Relationship Details	Relationship	DC_INDV on EDG DC_RELATIONSHIP_TYP E_CD = CV	This section will display if there are missing relationships details at renewal.
Missing Ethnicity	Individual Information – Person Details	Ethnicity or If other please specify	DC_INDV on EDG ETHNICITY_CD AND OTHER_ETHNICITY = null	This section will display if there is not an ethnicity present for the individual.
Missing Race	Individual Information – Person Details	Race or If Other please specify	DC_INDV on EDG RACE_CD AND OTHER_RACE = null	This section will display if there is not a race present for the individual.
Missing Citizenship	Individual Information – Person Demographics - Details	Citizenship - DC_DEMOGR APHICS ED_INDV_EL IGIBILITY	DC_INDV on EDG CITIZENSHIP_CD = null PART_STATUS_CD = EA or EC	This section will display if any individual on the EDG has a blank citizenship value and is currently receiving coverage.
Display for Non-Citizens Currently Receiving Coverage	Individual Information – Person Demographics - Details	Citizenship - DC_DEMOGR APHICS ED_INDV_EL IGIBILITY	DC_INDV on EDG CITIZENSHIP_CD = UN PART_STATUS_CD = EA or EC	This section will display if any individual on the EDG has a citizenship code of UN or Non-US Citizen and is currently receiving coverage.
Missing Language Preference	Individual Information – Household Information	Written Language	DC_INDV for HOH PRIMARY_LANG = null	This section will display if the written language preference is blank.

Category	Component	Field	Condition	Comment
Non-ABD Categories	Category of Assistance	ED_ELIGIBILITY	COE != L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or L01 (Institutional Medicaid Aged)	This section will populate for an EDG that is not receiving an institutional category.
No Employment Information Exists	Income Questions – Gatepost Questions	Earned Income or Self-Employment Income – DC_CASE_PROFILE	EMPLOYED_SW = N AND SELF_EMPLOYED_SW = N	This section will display if no one on the EDG has either Earned Income or Self-Employment Income
Employment Information Exists	Income Questions – Gatepost Questions	Earned Income or Self-Employment Income – DC_CASE_PROFILE	EMPLOYED_SW = Y or SELF_EMPLOYED_SW = Y	This section will display if there is at least one individual on the EDG that has either Earned Income or Self-Employment Income
Unearned Income Exists	Income Questions – Gatepost Questions	Unearned Income – DC_CASE_PROFILE	UNEARNED_INC_SW = Y	This section will display if anyone on the EDG has Unearned Income
Katie Beckett – TPL	Recertification	ED_CASE_RECERT_DATES	TYPE_OF_ASSISTANCE_CD = ('KBA', RECERT_REVIEW_DUE_DT IN ADD_MONTHS(SYSDATE,1)	This section will display if there is an individual on the EDG that is up for renewal for Katie Beckett Part A.
Younger Than Age 22	Individual Information – Persons – Person Details	Date of Birth - DC_INDV	DC_INDV on EDG Letter Date – DOB_DT < 22	This section will display if there is at least one individual on the EDG that is up for renewal that is younger than age 22.
Age 18 – 26	Individual Information – Persons – Person Details	Date of Birth - DC_INDV	DC_INDV on EDG 18 <= (Letter Date – DOB_DT) < 26	This section will display if there is at least one individual on the EDG that is up for renewal between the ages of 18 and 26, but not including age 26.

Category	Component	Field	Condition	Comment
Under Age 65	Individual Information – Persons – Person Details	Date of Birth - DC_INDV	DC_INDV on EDG Letter Date – DOB_DT < 65	This section will display if there is at least one individual on the EDG that is up for renewal under Age 65
IM/ ECF Categories	Category of Assistance	ED_ELIGIBILITY	COE = L02 (Institutional Medicaid Blind) or W01 (Institutional Medicaid Disabled) or L01 (Institutional Medicaid Aged) Or L03 (ECF Working Disabled) or L04 (ECF At-Risk)	This section will populate for an EDG that is receiving an institutional or ECF categories.
Katie Beckett – 18 Years or Younger	Individual Information – Persons – Person Details	Date of Birth - DC_INDV	DC_INDV on EDG Letter Date – DOB_DT < 18 OR TYPE_OF_ASSISTANCE_CD = ('KBA','KBB','KBC')	This section will appear if there is at least one individual that is 18 years or younger on the case OR their existing EDG is Katie Beckett Part A,B or C.
No Resource Information Exists	Resources – Questions – Gatepost Questions	Does any household member have any resource(s)? – DC_CASE_PROFILE	OWNS_RESOURCES_SW = N	This section will display no one on the Non-MAGI EDG owns resources
Resource Information Exists	Resources – Questions – Gatepost Questions	Does any household member have any resource(s)? – DC_CASE_PROFILE	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case owns resources.
Financial Resources Information Exists	Resources – Questions – Gatepost Questions	DC_LIQUID_RESOURCES	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case owns Liquid resources.



Category	Component	Field	Condition	Comment
Trust Resource Information Exists	Resources – Questions – Gatepost Questions	DC_TRUST	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case has any Trust information
Real Property Resource Information Exists	Resources – Questions – Gatepost Questions	DC_REAL_PROPERTY	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case owns any Real Property.
Life Insurance Resource Information Exists	Resources – Questions – Gatepost Questions	DC_LIFE_INSURANCE	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case owns Life Insurance resources.
Burial Resource Information Exists	Resources – Questions – Gatepost Questions	DC_BURIAL_RESOURCES	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case owns Burial resources.
Vehicles Resource Information Exists	Resources – Questions – Gatepost Questions	DC_VEHICLES	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case owns Vehicles resources.
Other Resource Information Exists	Resources – Questions – Gatepost Questions	DC_UNUSUAL_PROPERTY_VALUE	OWNS_RESOURCES_SW = Y	This section will display if at least one person on the case owns any other resources.
Existing Auth Rep	DC Individual – Assisting Person	DC_CASES	AUTH_REP_SW = Y	This section will display if there is an authorized representative on the case.
Existing Auth Rep, Org Affiliation	DC Individual – Assisting Person	DC_AUTH_REP	AUTHREP_ORG_NAME is not empty	This section will display if there is an organization associated with the authorized representative.
No Auth Rep	DC Individual – Assisting Person	DC_CASES	AUTH_REP_SW = N	This section will display if there is not an authorized representative on the case.



## 2. Notice Template

Below is a text representation of the form/notice as it will exist in TEDs. Yellow highlights indicate fields that will be derived from the TEDs application. Red highlights indicate manual fields that will be collected from the user at the time of generation. Blue text indicates a triggering condition for the section directly following the blue text.



## Renewal Packet

Renew faster online at <https://tenncareconnect.tn.gov/> or scan the QR code on the next page. It's time to renew your health coverage!

We'll use the facts you send to us to see if you still qualify.

### Who can use this Renewal Packet?

- The people this packet is addressed to.
- People in your household who want to apply for our programs. Our programs include TennCare Medicaid, CoverKids, and Medicare Savings Program (like TennCare QMB and TennCare SLMB). But they can't use this packet to **apply** for Katie Beckett. They must go to **<TEDSURL>** to tell us they want to be reviewed for Katie Beckett.

\*If someone is helping you fill this out, you may need to complete the **Help with Completing this Renewal Packet** section.

**In this Renewal Packet, we tell you everything we know about your household. Here's what we need from you:**

1. Check the facts we have listed to make sure they are correct.
2. Tell us about any changes that happened in the last year (and send us proof of these changes).
3. Answer all of the questions you can.

To make changes, you can mark through what we have and write in your change. Or write your changes on another piece of paper and send it with your renewal packet. **Be sure** to write your name and this number **<Case Number>** on any other pages you send us.

### Things you may need to complete this Renewal Packet

- Social Security Numbers (or document numbers for any legal immigrants who need insurance).
- Employer and income information for everyone in your family (for example, paystubs, W-2 forms, bank statements or wage and tax statements). Be sure to send in proof of your income too. Having this proof may help us decide faster if you can keep coverage.
- Policy numbers for any health insurance you have now (other than TennCare or CoverKids).
- Information about any job related health insurance available to your family.

### Why do we ask for this information?

We must renew your eligibility each year. **We'll keep all the information you give us private and secure, as required by law.** To see how we use your information, go to:

**<HIPAAPrivacyURL>**

**There are 3 ways to renew your coverage. You only need to choose one. By **<Due Date>** send us your complete, signed Renewal Packet by:**



**Need help with your Renewal Packet?** Call us at **<TCC Phone>**. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial **<TCC Phone>**.

Rev: RevDate

**<Trigger Condition: Always>**

1. Using **<TEDS NAME>** to renew online at **<TEDSURL>** or scan the QR code. Log into your account and choose “Renew my Coverage.” Haven’t created an online account yet or downloaded the app? Go to **<TEDSURL>** to find out more.

Want to renew your coverage faster? Scan the QR code below. If you don’t have a TennCare account, you can scan the QR code and click on the Get Started button. After you create an account and have logged in, select Link My Case from the menu option at the top. You’ll need to enter your Social Security Number (SSN) to link your case to your **<TEDSNAME>** account. Or you can enter your Person ID which is found in this letter next to your name.

**<Trigger Condition: RMC RMB Functionality>**

2. Using **<TEDS NAME>** to renew online at **<TEDSURL>**. Log into your account and choose “Renew my Coverage.” Haven’t created an online account yet or downloaded the app? Go to **<TEDSURL>** to find out more.

**OR**

**<Trigger Condition: Always>**

3. Over the phone by calling **<TCC Phone>**.
4. Fill out, sign, and send us this Renewal Packet. There are 2 ways to send your pages to us.

**By Mail:** **<TennCare Connect>**  
P.O. Box **<TEDS PO BOX>**  
**<TEDS CITY>**, **<TEDS STATE>** **<TEDS ZIP>**

**By Fax:** **<TEDS Fax>**  
Be sure to keep the page that says your fax went through.

**What happens next?**

**What if you don’t have all the information we ask for when it’s time to send us your Renewal Packet? Sign and send us your Renewal Packet anyway.** After we get your packet, we’ll look to see what facts we still need from you. Then we’ll send you a letter that asks you to send us the facts we still need.

After we get your Renewal Packet and facts, we’ll review your information. We’ll send you a letter that tells you our decision. If you have questions, call us for free at **<TCC Phone>**. Filling out this Renewal Packet doesn’t mean you have to buy health insurance.

**Get help with this Renewal Packet**

**Need help with your Renewal Packet?** Call us at **<TCC Phone>**. Do you need help in a language other than English? When you call, tell us the language you need. We’ll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial **<TCC Phone>**.

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Call us at **<TCC Phone>**. We can help you with the questions on the Renewal Packet over the phone.

Or to request a free Instruction Guide on how to complete the Renewal Packet, call **<TennCare Connect>** at **<TCC Phone>**. Or, go to **<TN Website>** to get a copy online. You can view it online or download it. The Instruction Guide helps explain the questions we ask. It also tells you more about the proof we need from you.

### **What if you need help in person with your Renewal Packet?**

- Your local **<DHS Name>** can help you. To find your local office, go to **<DHS Website>** and click “Office Locations” at the bottom of the page or call **<DHS PHONE>**.
- If you’re getting care at a local community mental health center, they can also help you. Their offices are listed at **<TAMHO Website>**.

**Need help with your Renewal Packet?** Call us at **<TCC Phone>**. Do you need help in a language other than English? When you call, tell us the language you need. We’ll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial **<TCC Phone>**.

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**Part <Alpha>: Your Household**

Start by reviewing the information we have in our records below.

1. **Do the people listed below still live together?** Check the box “Yes” or “No” for each person listed in the table below.

If we have the Social Security Number for the people listed, it will say “On File.” We won’t show the SSN here. If the SSN column is blank, please write in the person’s SSN. We use SSNs to check income and other information so we may not have to ask you to send us proof. We’ll use your personal information **only** to see if you qualify for coverage. We keep all the information you give us private and secure as required by law.

\*You don’t need to provide a Social Security Number (SSN) for family members who don’t want coverage in our programs. Giving us the SSN of these family members can help speed up your renewal.

Name	Age	Sex	SSN	Still living with you?
<Household Individual Name>	<Age> >	<Sex> >	<OnFile>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<Household Individual Name>	<Age> >	<Sex> >	<OnFile>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<Household Individual Name>	<Age> >	<Sex> >	<OnFile>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**<Trigger Condition: Missing Relationship>**

2. Tell us how you are related to the people listed below. This helps us understand who lives with you. It also helps us decide the kind of coverage you may qualify for.

<Source Individual> (Age: <Age>) is the:

\_\_\_\_\_ of <Reference Individual> (Age: <Age>).

\_\_\_\_\_ of <Reference Individual> (Age: <Age>).

<Source Individual> (Age: <Age>) is the:

\_\_\_\_\_ of <Reference Individual> (Age: <Age>).

\_\_\_\_\_ of <Reference Individual> (Age: <Age>).

**<Trigger Condition: Missing Ethnicity>**

3. If Hispanic/Latino, check the box to tell us your ethnicity (Check all that apply):

<Household Individual Name> (Age: <Age>)

☐ Mexican

☐ Puerto Rican

☐ Mexican American

☐ Cuban

☐ Chicano/a

☐ Other \_\_\_\_\_

☐ Prefer not to answer

**<Trigger Condition: Missing Race>**

4. Check the box to tell us your race (Check all that apply):

<Household Individual Name> (Age: <Age>)

☐ White

☐ Korean

☐ Asian Indian


☐ Native Hawaiian

☐ Japanese

☐ Other Pacific Islander

☐ Other Asian

☐ American Indian or Alaska Native

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- ☐ Samoan  
☐ Black or African American  
☐ Chinese  
☐ Prefer not to answer
- ☐ Filipino  
☐ Vietnamese  
☐ Guamanian or Chamorro  
☐ Other

**<Trigger Condition: Always>**

5. **Are there other people living with you that are not listed above?** If yes, or if you have other tax dependents who are not listed above **tell us how they are related to the people we have listed in your household.**

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

This person is the: \_\_\_\_\_ of <All Reference Individuals> (Age: <Age>)

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

This person is the: \_\_\_\_\_ of <All Reference Individuals> (Age: <Age>)

**Do any of the people you added want to apply because they don't have TennCare, CoverKids, or TennCare QMB/SLMB now? You must fill out and send in Appendix A for each person who wants to apply. But you can't use Appendix A to apply for Katie Beckett. You must go online to [TEDSURL](#) and tell us you want to be reviewed for Katie Beckett.**

**<Trigger Condition: Populate for Missing Citizenship or for Display Non-Citizens Currently Receiving Coverage Triggers>**

**You don't have to answer the following immigration questions. But if you don't, it may limit the kind of coverage you may qualify for.**

**<Trigger Condition: Missing Citizenship>**

**6. Are you a US citizen or US national?**

**<Citizen Name> (Age: <Age>) ☐ Yes ☐ No**

**If you aren't a US citizen or US national**, do you have an eligible immigration status? ☐ Yes ☐ No

What is your immigration status?

Date you gained the status: \_\_\_\_\_

Date you entered the US: \_\_\_\_\_

Alien or I-94 number \_\_\_\_\_ Card number or passport number \_\_\_\_\_

[illegible][illegible]

SEVIS ID or expiration date (optional)      Other (category code or country of issuance)


[illegible][illegible]

Have you lived in the US since 1996? ☐ Yes ☐ No

Are you, or your spouse or parent, a veteran or an active-duty member of the US military?

☐ Yes ☐ No

**<Trigger Condition: Display for Non-citizens Currently Receiving Coverage>**

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7. Has citizenship or immigration status changed for you or anyone in your household since last year?

You don't need to provide citizenship or immigration status for family members who don't want health coverage. We'll keep all the information you gave us private and secure as required by law. We'll use personal information only to see if you still qualify.

**<Immigration Individual Name> (Age: <Age>) ☐ Yes ☐ No**

If yes, what is your new status? \_\_\_\_\_

Date you gained the status: \_\_\_\_\_

Date you entered the US: \_\_\_\_\_

Alien or I-94 number

[illegible]

Card number or passport number

[illegible]

SEVIS ID or expiration date (optional)

[illegible]

Other (category code or country of issuance)

[illegible]

Have you lived in the US since 1996? ☐ Yes ☐ No

Are you or your spouse or parent a veteran or an active duty member of the US military?

☐ Yes ☐ No

**<Trigger Condition: Always>**

8. Are the household address(s) and phone number(s) shown below correct? ☐ Yes ☐ No

If no, mark through the wrong information and write the correct information in the space provided.

Home address (if different from mailing address)			Apartment or suite number
<RES ADDR1>			<RES ADDR2>
City	State	Zip Code	County
<RES CITY>	<RES STATE>	<RES ZIP>	<RES COUNTY>
Update Home Address:			
Mailing address (if different from home address)			Apartment or suite number
<MAIL ADDR1>			<MAIL ADDR2>
City	State	Zip Code	County
<MAIL CITY>	<MAIL STATE>	<MAIL ZIP>	<MAIL COUNTY>
Update Mailing Address:			
Daytime Phone Number		Email Address	
<Primary PHONE>		<Email Address>	

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Update:

9. **Are you a Tennessee resident?** ☐ Yes ☐ No  
**Are you temporarily living out of state?** ☐ Yes ☐ No  
**If Yes, do you plan to return to Tennessee?** ☐ Yes ☐ No  
**Date you plan to return to Tennessee:** \_\_\_\_\_ (mm/dd/yyyy)
10. **Is anyone in your household in jail or prison?** ☐ Yes ☐ No  
**If Yes, tell us who:** \_\_\_\_\_

**<Trigger Condition: Missing Language Preference >**

11. **What language do you read and write best in?** ☐ English ☐ Spanish

**<Trigger Condition: Non-ABD Categories>**

**Part <Alpha>: Taxes**

1. **Usually we must renew your eligibility each year to see if you still qualify. To make it easier to renew your coverage, we can use federal sources, like information from your tax returns. We need your OK to check this information automatically.** If you don't give us permission, that's ok. We'll reach out to you when it's time to renew each year. Please choose an option below.
- ☐ Yes, you have permission to renew my eligibility automatically.  
**If yes, for how many years?** ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years
- ☐ No, don't use information from tax returns to renew my coverage.
2. **Does anyone in the household plan to file a federal income tax return the next time taxes are due?** (You can still renew even if you don't file taxes.) ☐ Yes ☐ No
- If yes, name of person(s) filing tax return:** \_\_\_\_\_
- If this person will file jointly with a spouse, write name of spouse:** \_\_\_\_\_
- \_\_\_\_\_
- If this person will claim dependents on the tax return, write name(s) and date(s) of birth of dependents:**
- Name: \_\_\_\_\_ Birth Date \_\_\_\_\_
- Name: \_\_\_\_\_ Birth Date \_\_\_\_\_
- Name: \_\_\_\_\_ Birth Date \_\_\_\_\_
- If you have more dependents to tell us about, give us their information on another piece of paper. Remember to include your name and this number <Case Number> on the separate sheet.**
3. **Will you or anyone in your household be claimed as a tax dependent by someone else the next time taxes are due?** ☐ Yes ☐ No
- If yes, name of tax dependent** \_\_\_\_\_ **Birth Date** \_\_\_\_\_
- Tax filer's name and relationship to tax dependent:** \_\_\_\_\_
- Does the tax filer live with this person?** ☐ Yes ☐ No
- Need help with your Renewal Packet?** Call us at **<TCC Phone>**. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial **<TCC Phone>**.
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4. Do you or anyone in your household pay any expense that can be deducted on your federal income tax return like alimony or student loan interest, military moving expenses, alimony paid (listing Alimony Order date)? ☐ Yes ☐ No.

If yes, list the expense.

Expense _____	How Much? _____	How Often? _____
Expense _____	How Much? _____	How Often? _____
Expense _____	How Much? _____	How Often? _____

### <Trigger Condition: Always>

#### Part <Alpha>: Current Job and Income Information

This information is for everyone in your home. Be sure to review and tell us about any changes to Jobs and Income for everyone in your home. When you send us your Renewal Packet, be sure to send us proof of your income. This could be things like pay stubs or bank statements. Having this proof may help us decide faster if you can keep coverage.

### <Trigger Condition: No Employment Information Exists>

1. Our records show no one in your home is employed or gets paid for working a job. Does anyone in your household get paid from a job now? ☐ Yes ☐ No

### <Trigger Condition: Employment Information Exists>

1. Please review the employment information we found for your household and tell us if it is correct.

Person: <Employee Name> (Age: <Age>)	Monthly Income	Is this Correct?
Employer Name: <Employer/Self-Employed/NotProvided>	\$<Employment Income Amount>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a job listed above ended, tell us which job \_\_\_\_\_

Date of the last pay \_\_\_\_\_

If the employment information and the amount of monthly income above is correct, **you do not have to list it again in the next question.** But we still need you to finish the rest of this Renewal Packet and send it back.

2. Does anyone get paid for working a job not listed above or do you need to correct the facts above? ☐ Yes ☐ No

### <Trigger Condition: Always>

If yes, tell us about it below. And attach copies of the pay stubs for the last 8 weeks. If self-employed, attach your income records and business expenses statement or receipts for the last 30 days. If you receive tips that are not listed on your pay stubs, please include the total amount of tips received in the last 30 days.

Name	Employer	How Much?	How Often?	How many hours worked in a week?
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Attach a sheet of paper if you need more room to list your family's employment, self-employment or tips. Remember to include your name and this number **<case number>** on the separate sheet.

### <Trigger Condition: Unearned Income Exists>

3. Review the other income information we have for your household and tell us if it's correct. If any of the income has ended or has changed, tell us. Use another piece of paper if needed.

<b>Person:</b> <b>&lt;Unearned Income Name&gt;</b> (Age: <b>&lt;Age&gt;</b> )	<b>Monthly Income</b>	<b>Is this Correct?</b>	<b>Last Pay Date (If Applicable)</b>
<b>Type of Income:</b> <b>&lt;Unearned Income Type&gt;</b>	<b>\$&lt;Unearned Income Amount&gt;</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the income information and the amount of monthly income above is correct, **you do not have to list it again in the next question. You do not have to send proof of this income.** But we still need you to finish the rest of this Renewal Packet and send it back.

### <Trigger Condition: Always>

3. During the last 30 days did anyone receive any other income? This could be income like Social Security, Unemployment, Pensions, Retirement Accounts, Alimony received (listing Alimony Order date), Net farming/fishing income, Net rental/royalty income, or any other money. ☐ Yes ☐ No  
If yes, tell us below.

Name	Type	How Much?	How Often?

If you have Social Security income, please answer the following question:

Does someone other than a parent (if you are under 18) or spouse help pay for your food OR housing each month? (Housing includes expenses such as rent, mortgage, property insurance, gas, electric, heating fuel, water, sewer, garbage collection service or property taxes.) ☐ Yes ☐ No  
If yes, answer questions a-g.

- Does the person who helps you pay for this live with you? ☐ Yes ☐ No
- What do they help you pay for? \_\_\_\_\_
- How much is this expense or bill? \$ \_\_\_\_\_

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- d. How much do you pay? \$ \_\_\_\_\_
- e. How much do they pay? \$ \_\_\_\_\_
- f. Number of people in the home? \_\_\_\_\_
- g. Does everyone living with you get any kind of public assistance? (Public assistance includes Families First, SSI, Disaster Relief and Emergency Assistance, VA Pension, VA Aid and Attendance, the Refugee Act of 1980 or state or local government assistance programs based on need.) ☐ Yes ☐ No

**Part <Alpha>: Your Family's Health Coverage**

Please tell us about other health coverage for your household.


1. **Has anyone in your family enrolled in other health coverage in the last year?**

☐ Yes ☐ No **If yes, complete the table below.**

<b>Insurance Plan Name:</b> _____	
<b>Who's covered?</b>	
Name: _____	Name: _____
Name: _____	Name: _____
<b>Type of Insurance:</b>	
<input type="checkbox"/> Medicare	<input type="checkbox"/> TRICARE <input type="checkbox"/> VA Health Care Programs
<input type="checkbox"/> Peace Corps	<input type="checkbox"/> Employer Insurance Name _____
<b>Is this a limited-benefit plan (Like a school accident policy)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is this COBRA coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is this a retiree health plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does this cover maternity benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have other insurance to add for someone else in your family?

<b>Insurance Plan Name:</b> _____	
<b>Who's covered?</b>	
Name: _____	Name: _____
Name: _____	Name: _____
<b>Type of Insurance:</b>	
<input type="checkbox"/> Medicare	<input type="checkbox"/> TRICARE <input type="checkbox"/> VA Health Care Programs
<input type="checkbox"/> Peace Corps	<input type="checkbox"/> Employer Insurance Name _____
<b>Is this a limited-benefit plan (Like a school accident policy)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is this COBRA coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is this a retiree health plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Does this cover maternity benefits? ☐ Yes ☐ No

2. **Does anyone listed on this Renewal Packet have access to other health coverage through a job?** Check yes even if the coverage is from someone else's job, such as a parent or spouse. Check yes even if coverage is offered but you are not enrolled. ☐ Yes ☐ No  
If yes, tell us who: \_\_\_\_\_

**<Trigger Condition: Katie Beckett – TPL>**

3. **Has anyone on this case had a change in Health Insurance?** Check yes if you have lost your health insurance. Check yes if there has been a change in your health insurance benefits.  
☐ Yes ☐ No  
If yes, tell us who: \_\_\_\_\_

**Part <Alpha>: Questions Part 1**

**Answer these questions for everyone in your home.** Be sure to check the box next to the question (or questions) that applies to you.

1. **Are you or anyone who lives with you pregnant now OR was pregnant in the last 12 months?**  
☐ Yes ☐ No If yes, tell us who.

Name: \_\_\_\_\_ Due date or pregnancy end date: \_\_\_\_\_

How many babies were/are expected during this pregnancy: \_\_\_\_\_

Name: \_\_\_\_\_ Due date or pregnancy end date: \_\_\_\_\_

How many babies were/are expected during this pregnancy: \_\_\_\_\_

2. **Do you or anyone in your household live with at least one child under the age of 18 (or is the child age 18 and a full-time student)? And, are you or anyone in your household the main person taking care of this child?** ☐ Yes ☐ No

If yes, Primary Caregiver Name(s):

Child(ren)'s Name and relationship to Primary Caregiver:

Name: \_\_\_\_\_ Relationship to Caregiver: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Caregiver: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Caregiver: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Caregiver: \_\_\_\_\_

**<Trigger Condition: Younger Than Age 22>**

1. **Are you or anyone in your household age 22 or younger and a student?** ☐ Yes ☐ No  
If yes, tell us who:

Name: \_\_\_\_\_

This person is enrolled: ☐ Full Time ☐ Part Time ☐ Less than Part Time

Name: \_\_\_\_\_

This person is enrolled: ☐ Full Time ☐ Part Time ☐ Less than Part Time

Name: \_\_\_\_\_

This person is enrolled: ☐ Full Time ☐ Part Time ☐ Less than Part Time

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## &lt;Trigger Condition: Age 18-26&gt;

2. Were you or anyone in your household in foster care at age 18 or older and getting Medicaid?

☐ Yes ☐ No

If yes, tell us who: \_\_\_\_\_

## &lt;Trigger Condition: Under age 65&gt;

3. Are you or anyone in your household under age 65 and who is getting treatment now or do you need treatment for breast or cervical cancer? ☐ Yes ☐ No

If yes, tell us who: \_\_\_\_\_

## &lt;Trigger Condition: Always&gt;

4. Are you or anyone in your household in a medical facility (like a hospital) and have been there at least 30 days? Or are you in a medical facility now and will be there for at least 30 days? ☐ Yes ☐ No

If yes, tell us who: \_\_\_\_\_

When did they go into the medical facility: \_\_\_\_\_

Please tell us the name of the medical facility they are in: \_\_\_\_\_

Please tell us their doctor's name and phone number: \_\_\_\_\_

## &lt;Trigger Condition: IM/ ECF Categories &gt;

## Part &lt;Alpha&gt;: Long Term Services and Support

1. Please review the information we found for your household and tell us if it is correct.  
☐ Yes ☐ No

<LTSS Name> (Age: <Age>)	
Long Term Services and Support	<Support Type>
Where you Live	<Living Location>
Date you Started Getting Care	<Care Start Date>

If you need a different type of care, please fill out Questions Part 2.

## &lt;Trigger Condition: Always&gt;

## Part &lt;Alpha&gt;: Questions Part 2

Answer these questions for everyone in your home. Be sure to check the box next to the question (or questions) that applies to you.

1. Do you or someone in your household live in a medical facility or nursing home? ☐ Yes ☐ No

If yes, tell us who: \_\_\_\_\_

What's the name of the nursing home? \_\_\_\_\_

When did you start getting care? \_\_\_\_\_

If yes, tell us who: \_\_\_\_\_

What's the name of the nursing home? \_\_\_\_\_

When did you start getting care in the nursing home? \_\_\_\_\_

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If yes, fill out the resources section.

2. **Do you need nursing home care either in a nursing home or at home?** ☐ Yes ☐ No

If yes, tell us who:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

3. **Would you or someone in your household qualify for care in a nursing home, but want care at home instead?** ☐ Yes ☐ No

If yes, tell us who:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

4. **Would you or someone in your household qualify for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), but want care at home instead?** ☐ Yes ☐ No

If yes, does this person have intellectual disabilities (an IQ of 70 or below) that started before age 18?

☐ Yes ☐ No

If yes, tell us who:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

5. **Do you or someone in your household have a spouse (a husband or wife) who doesn't live in your home too?** ☐ Yes ☐ No

If yes, tell us who: \_\_\_\_\_

Why does this person not live in this home? \_\_\_\_\_

6. **Are you or someone in your household getting Home and Community Based Services (HCBS) in CHOICES or PACE?** ☐ Yes ☐ No

If yes, tell us who:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

7. **Are you or someone in your household getting HCBS through the Comprehensive Aggregate Cap (CAC), Statewide, or Self-Determination waivers for people with intellectual disabilities?** ☐ Yes ☐ No

If yes, tell us who:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

8. **Do you or someone in your household have intellectual and/or other developmental disabilities and want to receive Home and Community Based Services (HCBS) and participate in Employment and Community First CHOICES?** ☐ Yes ☐ No

If yes, tell us who:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

You must also complete an online referral at:

<LTSS ECF website>

9. **Do you or someone in your household need hospice care?** ☐ Yes ☐ No

If yes, tell us who: \_\_\_\_\_

If yes, tell us who: \_\_\_\_\_

10. **Do you or someone in your household have Medicare and want to get or keep help paying your Medicare cost sharing, like QMB or SLMB?** These pay for your Medicare premiums and sometimes your Medicare co-pays, and deductibles. ☐ Yes ☐ No

If yes, tell us who:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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11. **Are you or anyone in your household pregnant or under age 21?** ☐ Yes ☐ No **If Yes**, have you or anyone else in your home gotten care or medicine in the last 3 months **and** have bills (paid or unpaid) related to that care or medicine? Or have you paid for any medical bills this month (no matter how old they are)? ☐ Yes ☐ No **If yes**, list them in question 3 in the Expenses section below.

**<Trigger Condition: Katie Beckett – 18 Years or Younger>**

**Katie Beckett is only for children under the age of 18 with complex medical needs or a disability but don't qualify for Medicaid because of their parents' income or resources.** If you qualify for Medicaid, you can't enroll in Katie Beckett. If you don't qualify for Medicaid, you can apply online here **<TEDSURL>**.

**<Trigger Condition: Always>**

**Important:** If you or someone in your household **did not answer yes to any question in 1-11**, you can skip the questions about Expenses and Resources. Start at "Help with Completing your Renewal Packet."

If you or someone in your household **did answer yes to any question in 1-11**, please tell us about Expenses and Resources.

**Part <Alpha>: Expenses**

**Only answer these questions if someone said "yes" to one of the 11 questions above.**

1. Do you pay for child care or care for a disabled household member? ☐ Yes ☐ No  
**If yes**, fill in the boxes below. Send proof that shows **who gives the care** and **how much you pay them**. This proof must be signed by the person that gives this care. It must say how much you pay and how often.

Who gets this care?	Who pays for this care?	How much?	How often?

2. Do you have other types of expenses, like for your blindness or disability? Or, do you owe on medical bills (even if you've sent them to us before)? If yes, fill in the boxes below. Send proof that shows how much you pay. It must say how much you pay and how often.

What is the expense?	Who pays for this?	How much?	How often?

**?** **Need help with your Renewal Packet?** Call us at **<TCC Phone>**. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial **<TCC Phone>**.

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3. Did you answer YES to question 11 above? List any medical or dental bills for care or medicine you've received in the last 3 months.

Where did you get care?	How much is the bill?	Date of service?


## Part <Alpha>: Resources

Only fill out this section if someone answered "yes" to a question in Questions Part 2.

<Trigger Condition: No Resource Information Exists>

- Our records show no one in your home has resources (assets). Does anyone in your household have resources (assets) now? ☐ Yes ☐ No
- If yes, do you or anyone living with you own resources (assets)? Check all that apply.

Resource Type	Name of Owner	What is the value? (\$)	How much do you owe on it? (\$)
<input type="checkbox"/> Cash and bank accounts			N/A
<input type="checkbox"/> Christmas Club accounts			N/A
<input type="checkbox"/> Savings or credit union accounts			N/A
<input type="checkbox"/> Irrevocable Burial Contract			
<input type="checkbox"/> Revocable Burial Contract			
<input type="checkbox"/> Cemetery Lots			
<input type="checkbox"/> Trust funds			
<input type="checkbox"/> Motorcycle or boat			
<input type="checkbox"/> Car, truck or motor vehicle			
<input type="checkbox"/> RV or camper			
<input type="checkbox"/> Mutual funds, stocks, bonds			
<input type="checkbox"/> 401(k), IRA or Keogh accounts			N/A
<input type="checkbox"/> Loan (Money that is owed to you)			
<input type="checkbox"/> Savings certificates or CDs			

 **Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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<input type="checkbox"/> Tax shelter accounts			
<input type="checkbox"/> Property or land			
<input type="checkbox"/> Life Insurance Policy			N/A
<input type="checkbox"/> Other:			

Attach proof showing who owns these resources and the current value.  
You do not need to attach proof of the value of the vehicle or your home.

### <Trigger Condition: Resource Information Exists>

1. Please review the resources (assets) you have told us about for your household. If you still have the resource tell us the current value (how much it's worth). Send proof showing who owns these resources and how much it is worth.

### <Trigger Condition: Financial Resources Information Exists>

Person Name: Resource Holder Name (Age:<Age>)				
Type of Resource: <Financial Resources>				
Type	Bank or Company Name	Account Number	Is this correct?	If yes, tell us the current value.
<Type of Financial Resource>	<Name of Bank or Company>	<Last Four digits of Account Number>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### <Trigger Condition: Trust Resource Information Exists>

Person Name: Resource Holder Name (Age:<Age>)			
Type of Resource: <Trust>			
Type	Bank or Company Name	Is this correct?	If yes, tell us the current value.
<Type of Trust>	<Bank or Company Name>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### <Trigger Condition: Real Property Resource Information Exists>

Person Name: Resource Holder Name (Age:<Age>)			
Type of Resource: <Real Estate>			
Type	Address	Is this correct?	If yes, tell us the current value.
<Type of Real Property>	<Address>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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## &lt;Trigger Condition: Life Insurance Resource Information Exists&gt;

Person Name: Resource Holder Name (Age:<Age>)				
Type of Resource: <Life Insurance>				
Type	Company Name	Policy Number	Is this correct?	If yes, tell us the current value.
<Type of Life Insurance>	<Company Name>	<Full Policy Number>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## &lt;Trigger Condition: Burial Resource Information Exists&gt;

Person Name: Resource Holder Name (Age:<Age>)					
Type of Resource: <Burial Resources>					
Type	Bank or Company Name	Account Number	Type of Burial Funds	Is this correct?	If yes, tell us the current value.
<Type of Burial Resource>	<Bank or Company Name>	<Last four digits of Account Number>	<Type of Burial Fund>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## &lt;Trigger Condition: Vehicles Resource Information Exists&gt;

Person Name: Resource Holder Name (Age:<Age>)				
Type of Resource: <Vehicles>				
Type	Make	Model	Is this correct?	If yes, tell us the current value.
<Type of Vehicle>	<Make of Vehicle>	<Model of Vehicle>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## &lt;Trigger Condition: Other Resource Information Exists&gt;

Person Name: Resource Holder Name (Age:<Age>)			
Type of Resource: <Other Resources>			
Type	Use	Is this correct?	If yes, tell us the current value.
<Type of Other Resource>	<Use of Other Resource>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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## &lt;Trigger Condition: Resource Information Exists &gt;

2. Do you or anyone living with you own other resources (assets) not listed above? Check all that apply.

Resource Type	Name of Owner	What is the value? (\$)	How much do you owe on it? (\$)
<input type="checkbox"/> Cash and bank accounts			N/A
<input type="checkbox"/> Christmas Club accounts			N/A
<input type="checkbox"/> Savings or credit union accounts			N/A
<input type="checkbox"/> Irrevocable Burial Contract			
<input type="checkbox"/> Revocable Burial Contract			
<input type="checkbox"/> Cemetery Lots			
<input type="checkbox"/> Trust funds			
<input type="checkbox"/> Motorcycle or boat			
<input type="checkbox"/> Car, truck or motor vehicle			
<input type="checkbox"/> RV or camper			
<input type="checkbox"/> Mutual funds, stocks, bonds			
<input type="checkbox"/> 401(k), IRA or Keogh accounts			N/A
<input type="checkbox"/> Loan (Money that is owed to you)			
<input type="checkbox"/> Savings certificates or CDs			
<input type="checkbox"/> Tax shelter accounts			
<input type="checkbox"/> Property or land			
<input type="checkbox"/> Life Insurance Policy			N/A
<input type="checkbox"/> Other:			

Attach proof showing who owns these resources and the current value.

You do not need to attach proof of the value of the vehicle or your home.

## &lt;Trigger Condition: Always &gt;

3. In the last 60 months (5 years), have you sold, given away or transferred ownership of any of the things you own (listed above in the Resources Section) for less than its worth?
- ☐ Yes ☐ No If yes, fill in the boxes below. We will need proof of what you have sold or given away. The kind of proof you can provide is something that shows how much it was worth, how much you owned on it and how much you sold it for.



**Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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What did you sell or give away?	What was it worth?	How much did you owe on it?	If you sold it, how much did you get?
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. Did you or anyone in your household lose Medicare because you went back to work and were making more money than your social security limit? ☐ Yes ☐ No

If yes, tell us who: \_\_\_\_\_

If yes, tell us who: \_\_\_\_\_

5. Do you get any of the kinds of income listed below? ☐ Yes ☐ No

- Money from friends or relatives
- Child Support Payments
- Unemployment Payments from another state
- Veteran's Benefits
- Workers' Compensation
- Interest/Dividends/Royalties
- Rental Income
- Alimony
- Other

If yes, tell us about it in the box below. You must send proof. Don't send the original. Send a copy.

Name of person (Who gets this money?)	Source	How Much?	How Often?

6. In the last 12 months (1 year) has anyone in your household gotten a lump sum of money? This could be something like an insurance settlement, back pay for Social Security, or a lottery prize. ☐ Yes ☐ No

If yes, fill in the boxes below. We will need proof of the lump sum of money. The kind of proof you can give us is bank records or an award letter that shows how much you got.

Tell us who	How much did this person get?	Where did it come from?
	\$	
	\$	
	\$	

## Part <Alpha>: Help with Completing this Renewal Packet



**Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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**Do you need help with your Renewal Packet?**

- You can call <TennCare Connect> at <TCC Phone>.

**What if you need help in person with your Renewal Packet?**

- Your local <DHS Name> can help you. To find your local office, go to <DHS Website> and click “Office Locations” at the bottom of the page or call <DHS PHONE>.
- If you’re getting care at a local community mental health center, they can also help you. Their offices are listed at <TAMHO Website>.

**<Trigger Condition: Existing Auth Rep>**

**Your Authorized Representative is listed below.** This is a trusted person who, with your consent (your OK), will:

- talk about this Renewal Packet and your health care with us,
- see your information,
- act for you on matters related to this packet and your coverage (including getting information about your Renewal Packet)
- sign your Renewal Packet on your behalf
- and complete and submit an application

Your authorized representative can be an individual or an organization. Information shared by and with your representative may be shared with others. Not everyone has to follow the same privacy rules.

Your representative will continue to have these rights until you tell us you want to change. **If you ever need to change your authorized representative**, or end their rights as your representative, call <TennCare Connect> at <TCC Phone>. This will not change facts we have already shared with your representative, but we won’t share any more facts.

How long do you want your Authorized Representative to help you?

☐ 3 Months    ☐ 5 Months    ☐ 1 Year    ☐ Ongoing

If you ever need to change your Assisting Person, or end their rights as your representative, call <TennCare Connect> at <TCC Phone>.

1. Name of authorized representative (First name, Middle name, Last name, Suffix)			
<AUTH REP NAME>			
2. Address		3. Apartment or suite number	
<AUTH REP ADDR1>		<AUTH REP ADDR2>	
4. City	5. State	6. Zip Code	7. County
<AUTH REP CITY>	<AUTH REP STATE>	<AUTH REP ZIP>	<AUTH REP COUNTY>
8. Phone Number			
<Auth Rep Phone>			

**<Trigger Condition: Existing Auth Rep, Org Affiliation>**

**Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We’ll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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Your authorized representative is associated with an organization. As an employee, staff member or volunteer with the named organization or provider below, they affirm that they will adhere to 42 CFR 431(f), 42 CFR 155.260(f) and 45 CFR 447.10, as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information. The organization or provider shall notify the Agency of any change in name or contact information for the representative within ten (10) days of the change.

1. Organization name (if applicable)	2. ID number (if applicable)
<AUTH REP ORG NAME>	<Auth Rep Org ID>

### <Trigger Condition: Existing Auth Rep>

You have allowed your authorized representative to do these things on your behalf:

<Auth Rep Level>

Do you want the rights and responsibilities for your authorized representative to change?

☐ Yes ☐ No If yes, please tell us what you allow your authorized representative to do for you:

- ☐ Complete and submit a renewal form
- ☐ Receive copies of your notices from the agency
- ☐ Act on your behalf in all other matters with the agency
- ☐ I no longer want this person as my authorized representative

You can choose a new authorized representative by changing the information in the table above.

### <Trigger Condition: No Auth Rep>

**Do you have an authorized representative who can talk to us about your Renewal Packet on your behalf?** This is a trusted person who, with your consent (your OK), will:

- talk about this Renewal Packet and your health care with us,
- see your information,
- act for you on matters related to this packet and your coverage (including getting information about your Renewal Packet)
- and sign your Renewal Packet on your behalf


Your authorized representative can be an individual or an organization. Information shared by and with your representative may be shared with others. Not everyone has to follow the same privacy rules.

Your representative will continue to have these rights until you tell us you want to change. If you ever need to change your authorized representative, or end their rights as your representative, call <TennCare Connect> at <TCC Phone>. This will not change facts we have already shared with your representative, but we won't share any more facts.

**If you or someone in this Renewal Packet already has a legally appointed representative (a guardian, custodian or power of attorney), send us proof with the packet.** It's helpful to send it even if you've already given us this proof before. Remember, we must have proof of your authorized representative in our files before we can speak to him/her.

You can choose a representative by filling out their information below.

1. Name of authorized representative (First name, Middle name, Last name, Suffix)
---

 **Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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2. Address		3. Apartment or suite number	
4. City	5. State	6. Zip Code	7. County
8. Phone Number			

If your representative is part of an organization helping you renew your coverage, such as a hospital, a doctor, or a nursing home, the employee representative must complete the information and sign below.

They must also agree that:

As an employee, staff member or volunteer with the named organization or provider below, they affirm that they will adhere to 42 CFR 431(f), 42 CFR 155.260(f) and 45 CFR 447.10, as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information. The organization or provider shall notify the Agency of any change in name or contact information for the representative within ten (10) days of the change.

1. Organization name (if applicable)	2. ID number (if applicable)
3. Signature of authorized representative (if applicable)	4. Date (if applicable)

Tell us the rights and responsibilities you want your authorized representative to have:

- ☐ Complete and submit a renewal form
- ☐ Receive copies of your notices from the agency
- ☐ Act on your behalf in all other matters with the agency

How long do you want your Authorized Representative to help you?

- ☐ 3 Months    ☐ 5 Months    ☐ 1 Year    ☐ Ongoing

If you ever need to change your Assisting Person, or end their rights as your representative, call

**<TennCare Connect>** at **<TCC Phone>**

## Part **<Alpha>**: Read and Sign this Renewal Packet

There's one more page before you're finished. It's for you to **Read and Sign** this Renewal Packet.

- I'm signing this page under penalty of perjury which means I've provided true answers to all the questions to apply for or renew health coverage or report changes for the persons named in this Renewal Packet and its supplements to the best of my knowledge.
- I know that I must tell the **<TennCare>** if anything changes (and is different than) what I answered on the Renewal Packet within 10 days of that change. I can report changes online at **<TEDSURL>**. I can call **<TCC PHONE>** to report any changes. I can mail changes to **<TennCare Connect>** at P.O. Box 305240, Nashville, TN 37230-5240. I can fax changes to 1-



**Need help with your Renewal Packet?** Call us at **<TCC Phone>**. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial **<TCC Phone>**.

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855-315-0669. Someone at a county DHS office can help me report a change. I understand that a change in my information could affect the eligibility for member(s) of my household.

- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. If you think you have been treated unfairly, call <TCC PHONE> to report it. It's a free call.
- I know that if I am approved, I can't keep any health insurance payments or medical payments I get from insurance or other companies. Those payments belong to the State. I understand that I must sign them over to the State.
- I know that TennCare may use the email address (or mobile phone number) that I provided to send emails or Short Message Services (SMS) messages related to my coverage, depending on my communication preference selections. TennCare and their partners may also use the phone number I provided to call me about my coverage.
- I know that if the Tennessee Bureau of Investigation, TennCare, Office of Inspector General, or another agency asks for my help catching health care fraud and abuse, I must help.
- I know that if the State pays for medical bills or for nursing home care for me, the State may get that money back. I know that after my death, the State may be paid back with money from my estate.
- I know no one else can use my health care card. I know if I let someone else use my card I may have to pay the State back for that other person's medical bills. And I could go to jail.
- If I have a Social Security Number (SSN) and I'm applying for coverage, I know I am required to provide a valid SSN. Federal and State law lets us ask for an SSN. [42 CFR 435.910; Tenn. Code Ann § 71-5-106]
- If anyone on the Renewal Packet is eligible for health care coverage with TennCare, I am giving TennCare rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving TennCare rights to pursue and get medical support from a spouse or parent.
- Does any child on this Renewal Packet have a parent living outside of the home? If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell TennCare and I may not have to cooperate.
- If I think TennCare or CoverKids (CHIP) has made a mistake, I can appeal its decision. To appeal means to tell someone that I think the action is wrong, and ask for a fair review of the action. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me. I know that I can find out how to appeal by contacting <TennCare Connect> at <TCC PHONE>.
- I understand if I'm eligible for other kinds of benefits like disability, unemployment income, or retirement income, I must apply for those programs if I want to keep coverage with TennCare.
- If I think TennCare is taking more than 45 days (or more than 90 days if I applied for long-term care), I can ask for a "delay hearing." I know I can ask for a delay hearing by contacting <TennCare Connect> at <TCC PHONE>.

### My right to appeal

If I think TennCare has made a mistake, I can appeal its decision. To appeal means to tell someone that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting <TennCare Connect> at <TCC PHONE>. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

**Sign this Renewal Packet in the space below.** The person who filled out this renewal packet should **sign below**. Are you signing as an authorized representative? Then you must also provide proof that you are the Authorized Representative. The applicant or member can call <TCC> at <TCC phone> or log in to their account on <TEDS NAME> member portal to tell us that you are the Authorized Representative. Or, go to: <HIPAAFormsURL>, print and complete the pages you need. Then send them in with this signed page.

- ❓ **Need help with your application?** Call us at <TNHC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TNHC Phone>.

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**Part <Alpha>: Mail or Fax completed Renewal Packet**

Mail your signed Renewal Packet to the address below. Be sure to include Appendix A and/or Appendix B if necessary.

<TennCare Connect>

P.O. Box <TEDS PO BOX>

<TEDS CITY>, <TEDS STATE> <TEDS ZIP>

You may also fax your application to <TEDS FAX>. Remember to send in the proof we need to decide if you can keep coverage.

**Part <Alpha>: Voter Registration**

TennCare is a voter registration agency. You can choose to apply today to register to vote.

**To register to vote:**

- You must be a U.S. Citizen
- You must be a Tennessee Resident
- You must be at least 18 years old on or before the next election and
- You must not have been convicted of a felony or if you have, your voting rights have been restored.

If you are not registered to vote where you live, would you like to apply to register to vote here today?

☐ Yes ☐ No

**IMPORTANT: IF YOU DO NOT CHECK EITHER YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Did you check Yes to the question above? Then TennCare will send you a voter registration form in the mail.

You can also apply to register to vote online at <Voter Registration URL>.

You do not have to be registered to vote to be enrolled in our program. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. Call us at <TennCare Connect>. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or

**Need help with your Renewal Packet?** Call us at <TCC Phone>. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial <TCC Phone>.

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your right to choose your own political party or other political preference, you may file a complaint with the Division of Election:

**By MAIL:**    **Division of Election**  
312 Rosa L Parks Avenue  
7<sup>th</sup> Floor, Snodgrass Tower  
Nashville, TN 37243-1102

**By PHONE:** 1-877-850-4959  
1-615-741-7956

Individuals with hearing or speech impairments can use Tennessee Relay Center by calling 1-800-848-0298.



**Need help with your application?** Call us at **<TNHC Phone>**. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial **<TNHC Phone>**.

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### 3. Notice Details

Below is a table that provides additional details regarding document attributes and data elements for this particular document.

<b>Field Name on Form</b>	<b>Definition</b>	<b>Database Table / Reference Table</b>	<b>Database Column / Reference Table Name</b>	<b>Field Logic</b>
Case Number	Case number for the individuals going through renewal	DC_CASES	CASE_NUM	This is the case number for the individuals up for renewal.
TEDS NAME	Name of the TEDS Member Portal	<i>RT_ORGANIZATION</i>	<i>Name - TD</i>	This is a table value that identifies the TEDS Member Portal. Example: TennCare Connect
TEDS URL	URL for the TEDS Member Portal	<i>RT_ORGANIZATION</i>	<i>Website - TD</i>	This is a table value that identifies the TEDS Member Portal URL. Example: <a href="https://tenncareconnect.gov">https://tenncareconnect.gov</a>
TennCare Connect	Name of the TennCare Organization	<i>RT_ORGANIZATION</i>	<i>Name - HC</i>	This is a table value that identifies the TennCare Organization.
TEDS PO Box	PO Box for the TEDS project mailbox.	<i>RT_ORGANIZATION</i>	<i>Address Line 1 - TN</i>	This is a table value that identifies the TEDS P.O. Box.
TEDS CITY	City for the TEDS project mailbox.	<i>RT_ORGANIZATION</i>	<i>City - TN</i>	This is a table value that identifies the City associated with the TEDS P.O. Box.
TEDS STATE	State for the TEDS project mailbox.	<i>RT_ORGANIZATION</i>	<i>State - TN</i>	This is a table value that identifies the State associated with the TEDS P.O. Box.
TEDS ZIP	Zip code for the TEDS project mailbox.	<i>RT_ORGANIZATION</i>	<i>Zipcode - TN</i>	This is a table value that identifies the zip code associated with the TEDS P.O. Box.
TEDS Fax	Fax number for TEDS.	<i>RT_ORGANIZATION</i>	<i>Fax - TN</i>	This is a table value that identifies the TEDS fax number.

TCC Phone	TennCare Phone Number	<i>RT_ORGANIZATION</i>	<i>Phone - HC</i>	This is a table value that identifies the TennCare phone number  Example format: 855-259-0701
TN Website	TennCare website address	<i>RT_ORGANIZATION</i>	<i>Website - TN</i>	This is a table value for the website for TennCare.
DHS Name	Name of the Department of Human Services (DHS)	<i>RT_ORGANIZATION</i>	<i>Name - DH</i>	This is will populate with the name of the Department of Human Services (DHS) office. This is a table value that identifies the DHS phone number. Example format: 866-311-4287
DHS Website	Website for the Department of Human Services (DHS)	<i>RT_ORGANIZATION</i>	<i>Website - DH</i>	This field will populate with the website URL for the Department of Human Services (DHS) website. For example, <a href="https://tennessee.gov/humanservices">https://tennessee.gov/humanservices</a>
DHS Phone	Department of Human Services (DHS) Phone Number	<i>RT_ORGANIZATION</i>	<i>Phone - DH</i>	This is a table value that identifies the DHS phone number. Example format: 866-311-4287
TAMHO Website	Website for Tennessee Association of Mental Health Organizations (TAMHO)	<i>RT_ORGANIZATION</i>	<i>Website - TA</i>	This field will populate with the website URL for Tennessee Association of Mental Health Organizations (TAMHO). For example, <a href="https://tamho.org/service.php">https://tamho.org/service.php</a>
Alpha	Definition of the sections in the renewal packet	N/A	N/A	This will be populated with a letter of the



				alphabet starting with 'A' and increasing by one per section.
Household Individual Name	Name of person on the case	DC_INDV	FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This will be populated with the name of the individual on the case. The name will be displayed First Name Middle Initial Last Name Suffix in all capital letters.
Age	Age of the individual	DC_INDV	DOB_DT	This will be calculated within the letter. This field is calculated by taking the system date and adding two business days to get the letter date. From there, the birth date is subtracted to calculate the individual's age.
Sex	Sex of the individual	DC_INDV	GENDER_CD	This will display the gender of the individual.
On File	Indicator TEDS has the SSN on file for the case member listed	DC_INDV	SSN	This field will be populated with "On File" if the Individual has an SSN in TEDS.
Source Individual	Name of the Individual that is the source individual in the relationship detail	DC_RELATIONSH IPS  DC_INDV	INDV_ID  FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This will be populated with the name of the individual who is on the case and missing a relationship detail in TEDS. The name will be displayed First Name Middle Initial Last Name Suffix in capital letters.
Reference Individual	Name of the Individual that is the reference individual in the relationship detail	DC_RELATIONSH IPS  DC_INDV	REF_INDV_ID  FIRST_NAME MID_NAME LAST_NAME	This will be populated with the name of the individual who is on the case and is the reference

			SUFFIX_NAME	individual for a missing relationship in TEDS. The name will be displayed First Name Middle Initial Last Name Suffix in capital letters.
All Reference Individuals	Every Individual on the Household	DC_INDV	FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This will be populated with the name of the individual on the case. The name will be displayed First Name Middle Initial Last Name Suffix in capital letters.
Citizen Name	The name of the case member with missing citizenship information	DC_DEMOGRAPHICS  DC_INDV	INDV_ID  FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This will be populated with the name of the individual on the EDG who is currently receiving benefits but whose citizenship information we are missing. The name will be displayed First Name Middle Initial Last Name Suffix in capital letters.
Immigration Individual Name	The name of the case member with non-citizen immigration status	DC_DEMOGRAPHICS  DC_INDV	INDV_ID  FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This will be populated with the name of the individual on the EDG who is currently receiving benefits but is not a citizen. The name will be displayed First Name Middle Initial Last Name Suffix in capital letters.
RES ADDR1	Residential Address Line 1 for the Head of Household	DC_CASE_ADDRESSES	ADDR_LINE1  EFF_END_DT  ADDR_TYPE_CD	This field will be populated with the case residence address line 1 that does not have an effective end date. The address will

				populate in all capital letters.
RES ADDR2	Residential Address Line 2 for the Head of Household	DC_CASE_ADDR ESSES	ADDR_LINE2 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case residence address line 2 that does not have an effective end date. The address will populate in all capital letters.
RES City	Residential Address City for the Head of Household	DC_CASE_ADDR ESSES	ADDR_CITY EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case residence city that does not have an effective end date. The address will populate in all capital letters.
RES State	Residential Address State for the Head of Household	DC_CASE_ADDR ESSES	ADDR_STATE_CD EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case residence state that does not have an effective end date. The address will populate in all capital letters.
RES Zip	Residential Address Zip for the Head of Household	DC_CASE_ADDR ESSES	ADDR_ZIP5 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case residence zip that does not have an effective end date. The address will populate in all capital letters.
RES County	Residential Address County for the Head of Household	DC_CASE_ADDR ESSES	ADDR_COUNTY_CD EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case residence county that does not have an effective end date. The address will populate in all capital letters.
MAIL ADDR1	Mailing Address Line 1 for the Head of Household	DC_CASE_ADDR ESSES	ADDR_LINE1 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case mailing address line 1 that does not have an effective end date. The address will populate in all capital letters.

MAIL ADDR2	Mailing Address Line 2 for the Head of Household	DC_CASE_ADDR ESSES	ADDR_LINE2 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case mailing address line 2 that does not have an effective end date. The address will populate in all capital letters.
MAIL City	Mailing Address City for the Head of Household	DC_CASE_ADDR ESSES	ADDR_CITY EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case mailing city that does not have an effective end date. The address will populate in all capital letters.
MAIL State	Mailing Address State for the Head of Household	DC_CASE_ADDR ESSES	ADDR_STATE_CD EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case mailing state that does not have an effective end date. The address will populate in all capital letters.
MAIL Zip	Mailing Address Zip for the Head of Household	DC_CASE_ADDR ESSES	ADDR_ZIP5 EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case mailing zip that does not have an effective end date. The address will populate in all capital letters.
MAIL County	Mailing Address County for the Head of Household	DC_CASE_ADDR ESSES	ADDR_COUNTY_CD EFF_END_DT ADDR_TYPE_CD	This field will be populated with the case mailing county that does not have an effective end date. The address will populate in all capital letters.
Primary Phone	Contact Phone Number for Head of Household	DC_PHN_DETAILS	PHN_NUM  Where PHN_TYPE_CD = PRP	This field will be populated with the primary phone number of the head of household.  Example format: 855-315-0669
Email Address	Contact Email Address for Head of Household	DC_EMAIL_DETAILS	EMAIL	This field will be populated with the

				email for the head of household.  Example format: edubret@tn.gov
Employee Name	Name of the case member who is employed	DC_EMPLOYMENT  DC_INDV	INDV_ID  FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This field will be populated with the name of the individual on the case that has earned income.
Employer/ Self-Employed / Not Provided	Company employing the case member listed	DC_CASE_PROFILE  DC_EMPLOYMENT	EMPLOYED_SW = Y or SELF_EMPLOYED_SW = Y  SOURCE	This field will be populated differently for earned income vs. self-employment income. For earned income, this field will be populated with the Employer Name if present and "Not Provided" if not present. For self-employment income, this field will be "Self Employed."
Employment Income Amount	Monthly Income Amount associated to the earned income type	DC_EMPLOYMENT_BUDGET  DC_SELF_EMP_INCOME_BUDGET	INDV_ID  EMP_SEQ_NUM  SELF_EMP_SEQ_NUM  AVERAGE_MONTHLY	This field will populate with the Monthly Income Amount for the individual who is listed as Employee Name, is making working for the company listed as Employer/ Self-Employed/ Not Provided.
Unearned Income Name	Name of the case member receiving unearned income	DC_UNEARNED_INCOME  DC_INDV	INDV_ID  FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This field will be populated with the name of the individual on the case that has unearned income. The name will be displayed First Name Middle Initial Last Name Suffix in capital letters.

Unearned Income Type	Type of unearned income	DC_UNEARNED_INCOME  <i>RT_UNEARNEDINCOMETYPE</i>	UNEARNED_INC OME_TYPE_CD  <i>Notice Text</i>	This field will be populated with the unearned income type.
Unearned Income Amount	The dollar amount the case member is receiving for each of his/her type of unearned income	DC_UNEARNED_INCOME_BUDGET	INDV_ID  UNEARNED_SEQUENCE_NUM  AVERAGE_MONTHLY	This field will be populated with the monthly unearned income amount for the unearned income type associated to the individual.
LTSS Name	Name of the individual receiving LTSS	DC_INDV	FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This field will be populated with the name of the individual on the case that is receiving LTSS. The name will be displayed First Name Middle Initial Last Name Suffix in capital letters.
Support Type	Living arrangement for the individual.	DC_INDV_LIVING_ARRANGEMENTS  <i>RT_LIVINGARRANGEMENTTYPE</i>	LA_TYPE_CD  <i>Notice Text</i>	This will be populated with the living arrangement for the individual who is receiving ABD.
Living Location	Where the individual currently lives.	DC_ABD_NURSING_HOME_DTLS	NURSING_HOME_NAME	This will be populated with the name of the facility or "At Home" for HCBS
Care Start Date	Date the care began.	DC_ABD_NURSING_HOME_DTLS	ADMIT_DT	This will be populated with the date the individual started receiving care.
Resource Holder Name	The name of the case member who owns the resource(s) listed	DC_LIQUID_RESOURCES  DC_TRUST  DC_REAL_PROPERTY  DC_LIFE_INSURANCE	INDV_ID  JOINTLY_OWNED_SW  FIRST_NAME MID_NAME LAST_NAME  SUFFIX_NAME	This field will be populated with the name of the individual on the case that has a resource. If a resource is jointly owned, the name will display as "Joint Ownership." The name will be displayed First



		DC_BURIAL_RESOURCES  DC_VEHICLES  DC_INDV		Name Middle Initial Last Name Suffix in capital letters.
Resource Description	Type of Resource	DC_LIQUID_RESOURCES  <i>RT_LIQUIDRESOURCE</i>  DC_TRUST  <i>RT_TRUSTTYPE</i>  DC_REAL_PROPERTY  <i>RT_REALPROPERTY</i>  DC_LIFE_INSURANCE  DC_BURIAL_RESOURCES  <i>RT_BURIALRESOURCE</i>  DC_VEHICLES  <i>RT_VEHICLETYPE</i>	TYPE_CD  <i>Notice Text</i>  TRUST_TYPE_CD  <i>Notice Text</i>  REAL_PROPERTY_TYPE_CD  <i>Notice Text</i>  POLICY_TYPE_CD  TYPE_CD  <i>Notice Text</i>  TYPE_CD  <i>Notice Text</i>	This field will be populated with the type of resource that the individual owns. The type of resource will be determined by the corresponding reference tables for all values except for life insurance. For life insurance, the value will display as "Life Insurance." This will only show resources which the individual does not "owe" on
Type of Financial Resource	Financial Resource Type	DC_LIQUID_RESOURCES  <i>RT_LIQUIDRESOURCE</i>	TYPE_CD	This field will be populated with the type of liquid resource that the individual owns.
Name of Bank or Company Name	The institution which has the financial resource	DC_LIQUID_RESOURCES	INSTITUTION_NAME	This field will be populated with the name of the institution that has the liquid resource
Last four digits of Account Number	Account number of the financial resource type	DC_LIQUID_RESOURCES	BANK_ACCOUNT_NAME	This field will be populated with the last 4 digits of the liquid resource

				bank account number
Type of Trust	Trust Type	DC_TRUST RT_TRUSTTYPE	TRUST_TYPE_CD	This field will be populated with the type of trust that the individual owns.
Bank or Company Name	The institution which has the trust	DC_TRUST		This field will be populated with the name of the institution that has the Trust
Type of Real Property	Real property Type	DC_REAL_PROPERTY RT_REALPROPERTYTYPES	REAL_PROPERTY_TYPE_CD	This field will be populated with the type of Real Property that the individual owns.
Address	Address of the real property	DC_REAL_PROPERTY	ADDR_LINE1  ADDR_LINE2  ADDR_CITY  ADDR_STATE  ADDR_ZIP5 - ADDR_ZIP4	This field will be populated with the address of the Real property
Type of Life Insurance	Life Insurance Type	DC_LIFE_INSURANCE	POLICY_TYPE_CD	This field will be populated with the type of life insurance that the individual owns.
Company Name	The institution which has the Life Insurance policy	DC_LIFE_INSURANCE	INSTITUTION	This field will be populated with the name of the institution with Life insurance
Full Policy Number	Life Insurance Policy number	DC_LIFE_INSURANCE	POLICY_NUM	This field will be populated with the policy number of Life insurance
Type of Burial Resource	Burial resource Type	DC_BURIAL_RESOURCES RT_BURIALRESOURCECTYPECD	TYPE_CD	This field will be populated with the type of burial resource that the individual owns.

Bank or Company Name	The bank or company name where the burial resource is	DC_BURIAL_RESOURCES	INSTITUTION	This field will be populated with the name of the institution that has the burial resource type
Last four digits of Account Number	Account number of the burial resource type	DC_BURIAL_RESOURCES	BANK_ACCOUNT_NUM	This field will be populated with the last 4 digits of the burial bank account number
Type of Burial Fund	Burial Fund Type	DC_BURIAL_RESOURCES	BURIAL_FUNDS_TYPE	This field will be populated with the type of burial fund
Type of Vehicle	Vehicle Resource Type	DC_VEHICLES RT_VEHICLETYPE	TYPE_CD	This field will be populated with the type of vehicle that the individual owns.
Make of Vehicle	Make of the vehicle	DC_VEHICLES	MAKE	This field will be populated with the make of the vehicle
Model of Vehicle	Model of the vehicle	DC_VEHICLES	MODEL	This field will be populated with the model of the vehicle
Type of Other Resource	Other Resource Type	DC_UNUSUAL_PROPERTY_VALUE	PROPERTY_TYPE	This field will be populated with the type of other resource that the individual owns.
Use of Other Resource	Use of Other Resource	DC_UNUSUAL_PROPERTY_VALUE	HOW_USED_CD	This field will be populated how to use the other resource
Auth Rep Name	Name of Authorized Representative	DC_CASES  DC_AUTH_REP	CASE_NUM AUTH_REP_SW  CASE_NUM AUTHREP_FIRST_NAME AUTHREP_MID_NAME	This field will be populated with the name of the authorized rep.  The name will be displayed First Name Middle Initial Last Name Suffix in capital case.

			AUTHREP_LAST_NAME  AUTHREP_SUFFIX_NAME	
Auth Rep ADDR1	Mailing Address Line 1 for Authorized Representative	DC_CASE_ADDRESSES	ADDR_LINE1  EFF_END_DT  ADDR_TYPE_CD	This field will be populated with the authorized representative's address. The address will populate in all capital letters.
Auth Rep ADDR2	Mailing Address Line 2 for Authorized Representative	DC_CASE_ADDRESSES	ADDR_LINE2  EFF_END_DT  ADDR_TYPE_CD	This field will be populated with the authorized representative's address. The address will populate in all capital letters.
Auth Rep City	Mailing Address City for Authorized Representative	DC_CASE_ADDRESSES	ADDR_CITY  EFF_END_DT  ADDR_TYPE_CD	This field will be populated with the authorized representative's city. The address will populate in all capital letters.
Auth Rep State	Mailing Address State for Authorized Representative	DC_CASE_ADDRESSES	ADDR_STATE_CD  EFF_END_DT  ADDR_TYPE_CD	This field will be populated with the authorized representative's State. The address will populate in all capital letters.
Auth Rep Zip	Mailing Address Zip for Authorized Representative	DC_CASE_ADDRESSES	ADDR_ZIP5  EFF_END_DT  ADDR_TYPE_CD	This field will be populated with the authorized representative's zip. The address will populate in all capital letters.
Auth Rep County	Mailing Address County for Authorized Representative	DC_CASE_ADDRESSES	ADDR_COUNTY_CD  EFF_END_DT  ADDR_TYPE_CD	This field will be populated with the case residence county that does not have an effective end date. The address will populate in all capital letters.
Auth Rep Phone	Phone Number for Authorized Representative	DC_PHN_DETAILS	PHN_NUM	This field will be populated with the phone number of

				the authorized representative
AUTH REP ORG NAME	Organization Name for the Authorized Representative	DC_AUTH_REP	AUTHREP_ORG_NAME	This field will populate with the organization name of the authorized representative
AUTH REP ORG ID	Organization ID for the Authorized Representative	DC_AUTH_REP	AUTHREP_ORG_ID	This field will populate with the organization ID number of the authorized representative
AUTH REP LEVEL	Authorized Representative Level	AR_APPLICATION_FOR_AID	SIGN_ON_BEHALF_SW COMPLETE_AND_SUBMIT_SW COPY_OF_NOTICES_SW ACT_ON_BEHALF_SW	This field will populate with the level of authorized representative. The values will show "Complete and Submit an Application", "Complete and submit a renewal form", "Receive copies of your notices from the agency", or "Act on your behalf in all other matters with the agency"
Voter Registration URL	URL for the voter registration site	RT_USEFULLINKS	TVR – Voter Registraion	This is a table value that identifies the link to voter registration
Due Date	Renewal packet due date.	ED_CASE_RECERT_DATES	Due Date	Renewal packet due date.
HIPAAPrivacyURL	URL for the HIPPA site	RT_USEFULLINKS	HPP	This is a table value that identifies the link to HIPPA - <a href="https://www.tn.gov/tenncare/legal/hipaa-privacy-information.html">https://www.tn.gov/tenncare/legal/hipaa-privacy-information.html</a>
HIPAAFormsURL	URL for the HIPPA site	RT_USEFULLINKS	HPPFORMS	This is a table value that identifies the link to HIPPA - <a href="https://www.tn.gov/tenncare/legal/hipaa-forms-and-agreements.html">https://www.tn.gov/tenncare/legal/hipaa-forms-and-agreements.html</a>

TennCare	Name of TennCare	<i>RT_ORGANIZATION</i>	<i>Name - TN</i>	This is a table value that identifies TennCare.
LTSS ECF website	The name of link for ECF website	CO_ORGANIZATION	WEBSITE_URL	This field will be populated with the link of the ECF URL

#### 4. Spanish Translation



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